

#### EM368674220US

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

## English Language Declaration

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the inventive design entitled

# ANTERIOR CERVICAL PLATING SYSTEM, INSTRUMENTATION, AND METHOD OF INSTALLATION

the specification of which

(mark one)

_XXX_	is attached hereto or enclosed herewith.	
	was filed on	as
	Application Serial No.	
	and was amended on	
	(if applicable)	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose Information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 or § 172 of any foreign application(s) for patent or Inventor's certificate listed below and have also identified below any foreign application for patent or Inventor's certificate having a filing date before that of the application on which priority is claimed:





### Prior Foreign Application(s)

## Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
I hereby claim §119(e) of any below:	the benefit ur United States	nder Title 35, Unite Provisional applica	d States ation(s)	Code, listed
Application No. Filing Date: _	60/037,139 February 1			
§ 120 of any Uni as the subject of not disclosed in provided by the § 112, I acknow patentability a § 1.56(a) which	ted States applematter of each on the prior Uniter first paragraphed and the duty selected in Tite became availal on and the nation	nder Title 35, Uniterication(s) listed belof the claims of this ced States application of Title 35, Uniterior disclose informational or PCT International or PCT International	low and, is applicated in the ed States ion mater al Regula	insofar tion is manner Code, tial to ations, of the
(Application Serial No.)	(Filing Date)	(Status: patented	, pending, aband	 doned, etc.
(Application Serial No.)	(Filing Date)	(Status: patented	, pending, aband	doned, etc.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United states Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Filing Date)

(Application Serial No.)

(Status: patented, pending, abandoned, etc.)





POWER OF ATTORNEY: As a named inventor, I hereby appoint Lewis Anten, Registration Number 26,604 and Amedeo Ferraro, Registration Number 37,129 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Please send all correspondence, transmit all faxes, and direct all telephone calls to:

Lewis Anten, Reg. No. 26,604 Law Offices of Lewis Anten, P.C. Attorneys for Applicant Suite 411 16830 Ventura Boulevard Encino, California 91436

438 Sherman Canal, Venice, CA 90291

Tel: (818) 501-3535

Fax: (818) 501-3618

438 Sherman Canal, Venice, CA Post Office Address (where mail customarily received)

Gary K. Michelson, M.D.

Full name of sole inventor

Residence

Citizenship

USA.